

## **IMPORTANT NOTICE**

### **RE: AO 240 and Privacy Policy Redaction Requirements**

The Judicial Conference Privacy Policy regarding remote public electronic access to civil case files requires those filing documents to redact certain personal identifiers from documents before they are filed with the court. Social Security and financial account numbers are to be redacted to the last four digits. The names of minor children are to be redacted to the initials, and dates of birth are to be redacted to the year. (*JCUS-Sep/Oct 01*, p. 49.)

Please be aware that this redaction requirement may impact the way in which the Application to Proceed Without Prepayment of Fees and Affidavit (AO 240) is completed. Question six of this form requests the following information: (1) persons dependant upon the applicant for support, (2) relationship of this person to the applicant, and (3) amount of support. Most often, minor children will be included in responding to this question. In order to comply with the privacy policy, only the initials of the minor should be on the form. Listing the age of the minor is acceptable; however, only the year of birth may be included. Pro se filers are responsible for completing the application in compliance with the privacy policy. The Clerk will not review each filing for redaction.

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF ARKANSAS

Plaintiff

v.

Defendant

**APPLICATION TO PROCEED  
WITHOUT PREPAYMENT OF  
FEES AND AFFIDAVIT**

CASE NUMBER:

I, \_\_\_\_\_ declare that I am the (check appropriate box)

☐ petitioner/plaintiff/movant                      other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated?              ☐ Yes              ☐ No              (If “No,” go to Part 2)

If “Yes,” state the place of your incarceration \_\_\_\_\_

Are you employed at the institution? \_\_\_\_\_ Do you receive any payment from the institution? \_\_\_\_\_

Attach a ledger sheet from the institution(s) of your incarceration showing at least the past **six** months’ transactions.

2. Are you currently employed?              ☐ Yes              ☐ No

a. If the answer is “Yes,” state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is “No,” state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a. Business, profession or other self-employment  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Rent payments, interest or dividends           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Disability or worker’s compensation payments   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Gifts or inheritances                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Any other sources                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer to any of the above is “Yes,” describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

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4. Do you have **any** cash or checking or savings accounts? ☐ Yes ☐ No

If "Yes," state the total amount. \_\_\_\_\_

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value? ☐ Yes ☐ No

If "Yes," describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

I declare under penalty of perjury that the above information is true and correct.

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Date

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Signature of Applicant

**NOTICE TO PRISONER:** A Prisoner seeking to proceed IFP shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

**CERTIFICATE**  
(Prisoner Accounts Only)  
(To be Completed by the Institution of Incarceration)

I certify that the applicant named herein has the sum of \$\_\_\_\_\_ on account to his/her credit at the \_\_\_\_\_ institution where he is confined.

I further certify that the applicant likewise has the following securities to his/her credit according to the records of said institution: \_\_\_\_\_

\_\_\_\_\_.

I further certify that during the past six months the applicant's average balance was \$\_\_\_\_\_.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Officer of Institution

## CALCULATION OF INITIAL PAYMENT OF FILING FEE

(To be Completed by the Institution of Incarceration)

PLAINTIFF: \_\_\_\_\_

ADC NUMBER: \_\_\_\_\_

FEDERAL COURT CASE NUMBER (IF KNOWN): \_\_\_\_\_

Total deposits for last six (6) months: \$ \_\_\_\_\_

Average monthly deposit (total deposits divided by 6): \$ \_\_\_\_\_

Total balances for last six (6) months: \$ \_\_\_\_\_

Average monthly balance:  
(Total balances divided by 6) \$ \_\_\_\_\_

Current account balance: \$ \_\_\_\_\_

Initial payment of filing fee as of \_\_\_\_\_: \$ \_\_\_\_\_

(The greater of the average monthly deposit  
Or the average monthly balance x .20)

DATE: \_\_\_\_\_ AUTHORIZED OFFICIAL \_\_\_\_\_

(NO FILING FEE SHALL BE IN EXCESS OF  
\$350.00 FOR A CIVIL LAWSUIT  
OR  
\$455.00 FOR AN APPEAL)